

Introduction: The quality of initial transurethral resection of bladder tumour (TURBT) is paramount in the management of bladder cancer. The presence of muscularis propria (MP) in the first resection directly influences recurrence and progression rates and its absence can have significant effect on patient care. With the changing face of surgical training, urological experience prior to entry into specialty training is progressively limited. Our aim was to ensure ST3 trainee performed resections, under senior supervision, were adequate.

Methods: A retrospective review was performed of all trainee (ST3) resections over a ten-month period in our institution. The presence of MP need and time for re-resection, recurrence and complications were assessed. New diagnosis and recurrent tumours were included with a minimum 3-month follow-up period.

Results: 52 TURBTs were performed. 47 (90.4%) resections contained MP. This compares favourably with the recent national STUKA audit figure of 79%. Of the 5 patients without MP present; 2 had re-resections with subsequent histological grading unchanged, 2 did not have re-resection as both were low grade superficial disease, 1 failed to attend follow.

Conclusion: With appropriate supervision, TURBT can be performed as an index entry level (ST3) procedure without compromising oncological outcomes.

1210: OUTCOME OF PENILE CANCER MANAGEMENT IN THE WEST MIDLANDS – A REVIEW OF OUTCOMES FROM REFERRALS TO A TERTIARY CENTRE

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Introduction: To report outcome data for patients with penile cancer following surgical management.

Methods: We reviewed data and outcomes on all patients who underwent surgical management of penile cancer at a tertiary referral centre between January 2006 and December 2011.

Results: n=237 patients (39.5cases/year) with a mean age 63 years (range 20-92) and average 29 month (range 1-62) follow up. As their definitive procedure, 39% underwent glansectomy with split-skin graft (SSG) reconstruction, 22.5% had circumcision, 17.5% partial penectomy with SSG reconstruction and 12.5% sub-total penectomy. 61 patients had inguinal lymph node dissection. 78.1% patients had squamous cell carcinoma. Of these, pathologically, 16% had G1, 46% G2 and 38% G3 disease; 39% T1, 44% T2, 14% T3 and 0.7% T4. Lymph nodes involved in 17% of T1 patients, 44% of T2, 66% of T3, 75% of T4. 10 patients had metastasis at presentation. Of 56 deaths, 34 were due to invasive penile cancer (SCC), of whom 26 had lymph node involvement. Disease specific survival was 82%. 174 patients are alive with, or discharged from, ongoing follow up.

Conclusions: Patients managed in a tertiary centre with penile-preserving surgery have good medium-term outcomes. Late presentation, locally advanced and nodal disease indicate poor prognosis.

1297: ACUTE RENAL COLIC: COMPLIANCE WITH BRITISH ASSOCIATION OF SURGEONS GUIDELINES

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Introduction: To assess compliance of urology service at Warrington & Halton Hospitals NHS Foundation Trust with British Association of Urological Surgeons guidelines regarding initial imaging of patients with acute renal colic.

Methods: Retrospective data collection of patients presenting with suspected acute renal colic over a three month period. Analysis of clinical records, CT requests and imaging. Repeat of methodology following a 6 month period of intervention; multi-disciplinary agreed protocol.

Results: 40 patients sampled on each occasion. Initial results revealed 20 patients received non-contrast CTKUB scan within 24 hours of admission; 35 within 24 hours of request. 37.5% of patients had positive CT imaging for a renal calculus. On re-audit, 88% of patients obtained their CTKUB scan within 24 hours of initial presentation.

Conclusions: CT imaging allows a rapid accurate diagnosis to be made, identifying patients appropriate for discharge and those requiring urgent surgical intervention. The introduction of a local trust protocol and increased education awareness made a significant difference for guideline compliance.

1312: PRESENTATION, OUTCOMES AND FEATURES OF PATIENTS UNDERGOING RADICAL CYSTECTOMY FOR SARCOMATOID CARCINOMA OF THE URINARY BLADDER: A SINGLE CENTER EXPERIENCE

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Introduction: Carcinosarcoma of the bladder is a very rare but complex neoplasm. The pathogenesis of carcinosarcomas is not clearly understood. Whilst there is some research conceptualising the histopathological findings of bladder carcinosarcomas, the demographic features, clinical outcomes and prognosis remains unclear.

Methods: We analysed 15 (12 male, 3 female) consecutive cases of patients with muscle-invasive or metastatic sarcomatoid bladder cancer treated between 1999 and 2013. Radiology, pathology and surgical reports were extensively reviewed.

Results: Mean age 73 years (range 57-81), mean tumour volume 33cc, 80% of cases were localised and 20% of cases were locally advanced and no cases were node positive. The Kaplan-Meier survival for sarcomatoid disease showed a significant poor prognosis as compared with patients with transitional cell carcinoma (TCC, n= 150). Sarcomatoid patients had a significantly greater disease-specific mortality as compared to TCC at 9 months (0.5, 0.7 probability, p<0.05) and demonstrated a worse progression-free probability (0.55, 0.78, p<0.05). There was no significant difference in the survival probability of sarcomatoid disease-specific mortality and sarcomatoid progression free probability.

Conclusions: Carcinosarcoma of the urinary bladder is a highly malignant neoplasm, occurring predominantly in elderly males with mostly localised stage at presentation, larger tumour volume, all were node negative disease and yet rapidly lethal.

1329: LAPAROSCOPIC NEPHRECTOMY FOR ADULT POLYCYSTIC KIDNEY DISEASE (APKD): SAFETY, FEASIBILITY AND EARLY OUTCOMES

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Introduction: Indications for laparoscopic renal surgery are increasing; however its benefits in adult polycystic kidney disease (APKD) remain uncertain. Our aim was to systematically synthesise reported literature on safety, feasibility, complications and early outcomes of laparoscopic approach in APKD in order to determine clinical benefits.

Methods: We conducted a systematic review of published literature reporting on laparoscopic nephrectomy in APKD from 1991-2013. The "Strengthening the Reporting of Observational Studies in Epidemiology" (STROBE) checklist was used to assess the quality of literature. Unpublished local data including a novel retroperitoneoscopic technique for grossly enlarged kidneys was included.

Results: 21 studies (including local cohort) were selected for analysis. 280 patients underwent nephrectomy for APKD. Most studies were of low to modest quality according to the STROBE checklist. Pre-operative kidney size ranged from 8-50cm (mean 26.7cm). Mean duration of hospital stay ranged from 1.5-11 days, median 5 days. Operative time ranged from 90-568 minutes; 14.4% of patients required blood transfusion. Complication rate varied from 0-100% (mean 25%).

Conclusions: Laparoscopic approach for nephrectomy in APKD is safe and feasible, albeit with a higher complication rate. Further research is required to clarify the generalisability and validity of different approaches, including reporting of patient outcomes with laparoscopic technique.

1330: IN PATIENTS WITH PROSTATE CANCER, DOES A CHANGE IN GLEASON SCORE BETWEEN TRANS-RECTAL ULTRASOUND GUIDED (TRUS) BIOPSY OF THE PROSTATE AND RADICAL PROSTATECTOMY GIVE AN INDICATOR OF POTENTIAL PERINEURAL INVASION OR EXTRACAPSULAR SPREAD?

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Introduction: To establish if a change in Gleason scoring after radical prostatectomy (RP) is associated with, or predict, perineural or extracapsular spread.

Methods: We reviewed histology data of all men with prostate cancer who underwent RP in a West Midlands cancer centre between January 2009